



Comparative evaluation of treatment methods of neoadjuvant intra-arterial chemoinfusion and chemo embolization by drug-saturated embospheres in locally advanced cervical cancer

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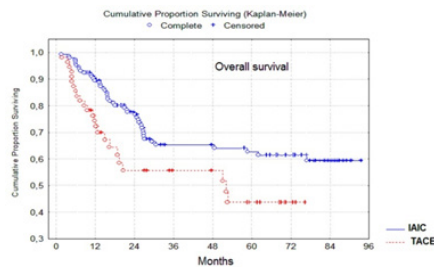
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Abstract

Introduction: Cervical cancer, despite the fact that it is a visual cancer and meets all the requirements of population screening, remains in the leading positions of morbidity and mortality.

To increase the effectiveness of the treatment of cervical cancer, various methods of endovascular interventions have been introduced into clinical practice.

Study Objective: Comparative evaluation of treatment methods for neoadjuvant intra-arterial infusion chemotherapy (IAIC) and chemoembolization by drug-saturated microspheres (TACE) followed by surgical treatment of cervical cancer in stages II-IVa. Materials and methods: This study presents the results of complex treatment in 209 patients (average age - 40.57±8 years) with II - IVa stages cervical cancer (IAIC – 153patients, TACE – 56 patients). Groups were comparable in clinical characteristics. The scheme of neoadjuvant chemotherapy (NACT) was carboplatin - AUC6 intra-arterial, irinotecan - 200 mg / m² - intravenously on day 1, every 21 days. Radical surgical treatment was performed basically after 2 cycles of chemotherapy. Patients who did not respond sufficiently to NACT underwent a concurrent chemoradiotherapy. Results and discussion: The overall response to NACT was 84.8% and 79% of patients in groups IAIC and TACE, respectively (p>0.05). Operability was higher in group IAIC (69% versus 46.4%) (p<<0.01). Overall and survival rate is statistically significantly better in group IAIC - 63.9% and 61% versus 43% and 42%, respectively, p<0.05 (Figure 1). At the same time, statistically significant differences between the groups were revealed only at stages III-IVa. Radically operated patients, as expected, had a better prognosis (P<0.001). The age of patients, tumor differentiation and therapeutic pathomorphosis did not affect the prognosis of life. Findings: Neoadjuvant IAIC and TACE according to the irinotecan + carboplatin scheme are relatively safe treatment methods with acceptable toxicity and have a high cytotoxic effect. The group IAIC has a better prognosis compared with the TACE group.



Biography

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